coagulated exudate. Similar appearances, though less marked, are found after chemical intoxication—psychoses, collapse delirium of fevers, and more rarely after alcoholic delirium. In fact, the whole appearance might be described as that of infectious hemorrhagic encephalitis.

Prognosis. Prognosis is bad. Some few patients recover, but of these a large percentage are incomplete restorations, and show more or less evidence of permanent dementia. Most patients die within two weeks.

Treatment. The treatment is symptomatic. Nothing is of much benefit. Some claim good effects from ergotin injections. The patient should be kept in a large, well-ventilated, darkened, and rather cool room. The temperature of the room should not be over 60°, the patient kept in bed by a restraining sheet, and constipation relieved with croton oil, which also tends toward derivative effect. Reduce temperature by cold sponging or packs. Give as much nourishment as possible, including cool drinks, especially milk. Chloral hydrate should be avoided because of its tendency to induce cerebral hyperemia; and hyoscine because of its depressing effect. Morphin may occasionally be needed for allaying excitement. Bromides are useless. Hypnotics are also of no avail. Bleeding and counter irritation are not recommended. Alcoholic stimulants are needed when heart weakness appears. Care must be taken to avoid decubitus.

The number of admissions into the Women's Department of our hospital during the years covered by this investigation, namely from January 1, 1895, to March 1, 1903, was 864. This would make an average of one in 108 admissions. During each of these years, we have had one case of acute dementia, except in 1899, when there were none. In looking over the statistics of a number of the hospitals for the insane elsewhere, I find such a variation in the reported proportion of cases of acute delirium, that I am forced to the conclusion that the statistics have depended very largely upon the diagnostic acumen of the compilers.

Of fifteen typical cases described by A. S. Rowley of the Northern Michigan Asylum, in the *American Journal of Insanity*, six had insane relatives, and only three were known to have none such. Only two had no previous history of insanity. One had had epilepsy for twenty-three years. Only one appeared well nourished. Of the fifteen, only three survived. In reviewing our cases we find one almost the counterpart of each of the others, both as to symptoms, duration, termination and postmortem findings, when such could be made. Cases have been reported by others, in which no physical indications of a definite somatic disease during life, the necropsy showed deep-seated lobar pneumonia, in addition to the hyperemia, lymphatic engorgement and edema of the brain and meninges; so that such a possibility is not excluded in cases not followed by a careful necropsy, though it is decidedly exceptional.

SUPPORT THE BOARD OF EXAMINERS.

"These facts show why it is the doctor's duty to the state to support the medical examining boards, to work to have honest men appointed upon them, and not to be too censorious of their shortcomings. We, who have not served on these boards, know little of the worry, the work, and the weariness entailed by honest service in them. The man, who unreasonably or unjustly decries the system and its exponents, is doing an economic wrong similar to that of those few honorable but short-sighted doctors, who for years played into the hands of the profession's enemies by opposing state control of medical licensure. The manner, in which state laws compelled low-grade medical colleges to adopt entrance examinations, lengthen terms, and exact efficient final examinations, has fully justified the prophecies of the advocates of state control."—John B. Roberts, Philadelphia.

COMMUNICATIONS.

AN APPEAL TO THE GENERAL PRACTITIONER.

To the Editor of the STATE JOURNAL: Perhaps when you were a school-boy and less venerable in appearance than at this present date, you occasionally heard some of your companions spouting on "declamation day," the familiar lines: "Why is the forum cr-r-owded? What means this stir-r-r-in Rome?" If so, you may be interested in another "stir" now agitating the camp of the California opticians.

Some two years ago certain of the grinding folk got a bill through the Legislature establishing a board of examiners in "Optometry" (sic). When it came into the hands of our present governor, he, it is said, signed it reluctantly while remarking (he is, as you know, an oculist): "Gentlemen, the day will come when you will regret the passage of this bill."

I am in possession of reliable information and personal knowledge which proves that the governor has been a true prophet, and that the better class of opticians now bitterly regret the success (?) of those of their craft who engineered the bill.

The real animus of this bill is apparent: To give at least a *quasi* professional status to its originators in the eyes of a public as yet uneducated regarding what a *prescribing* optician does not know. The Board of "optometrists" (you will not find the name in any dictionary), began to grind; this time upon raw opaque material of unusually inferior quality, and so industriously, that the army of opticians is now crowded with raw, half-baked recruits legalized to prey upon the eyesight of the credulous and ignorant. *Hinc illæ lachrymæ*, issuing from the eyes of the "legalized." Our brethren of the Empire State have thwarted successfully, several efforts of the opticians there to achieve identically pernicious legislation through "The 'Optical' Society of the State of New York." In a recent open letter, Dr. Frank Van Fleet, Chairman of the Committee on Legislation of the Med. Society of New York, states that the Society opposed, during the legislative session of 1904, a petition originated by the above "Optical Society" for a law creating a state board of examiners in "optometry." He writes:

"At the time of the hearing on the optometry bill before the legislative committee of last year, the opticians presented a long list of names of physicians who had endorsed their efforts. * * * The undersigned communicated with every one named on the list, and learned that where reputable physicians had endorsed the measure it was through a misapprehension of the real purpose of the bill; and when its true character was pointed out to them, they not only withdrew their indorsements, but in many cases wrote vigorous letters in opposition to it. Many of the names were fictitious, the communications addressed to the addresses given being returned as not found. A large number were the names of irregular practitioners, such as osteopaths, spiritualists, etc. The arguments presented by the opticians are very misleading. Their claim, of course, is that they desire to protect the community from incompetent people, but the fact is (*as every well-informed physician must know*), [italics mine] they are all incompetent." —*New York and Phila. Med. Jour.*

I invite your especial attention to this closing sentence, for it is my personal experience that the prescribing optician gets his most powerful "boost" from the "well-informed" but alas! inconsistent physician who goes to the optician for his own glasses! This same "well-informed" doctor would scorn an oculist who went, when ill, straight to a druggist for *advice with medicine thrown in on the side.*

To do justice to the better class of opticians we may heed the saying: "Live and let live;" 'tis an old saw and a just one, so we should not lump the "optometrist" and like "ists" with the reputable and conscientious optician, who, when he finds he cannot bring his customer's vision to normal, generally tries to persuade him to consult an oculist.

But while there is a difference in these two specimens of amateur doctors, woe to those who have incipient tabes or albuminuria, etc., and who go first to either of these amateurs not knowing he has a serious disease of which the deficient vision is but a symptom.